

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5479**

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. 8 | | REG. DIST. NO. 192 | | PRIMARY REG. DIST. NO. 4716 | | Registrar's No. 8 | |
| 1. PLACE OF DEATH a. COUNTY McDonald | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY McDonald | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Rural | | c. LENGTH OF STAY (In this place) 4 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) Noel | | 60 3 5 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Nichols Nursing Home | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ARNOTE | | b. (Middle) JESSIE | | c. (Last) DOUGLAS | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 7-1949 | |
| 5. SEX Male | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Nov. 16 1877 | |
| 9. AGE (In years last birthday) 71 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME J. P. Douglas | | 13b. MOTHER'S MAIDEN NAME Mollie Hunter | | 14. NAME OF HUSBAND OR WIFE Anna Douglas | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Roy Hill-Noel. Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Central Hemorrhage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 4 yrs 1/3 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION no operation | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Pinville McDonald Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Jan 21 , 19 49 , to Feb 7 , 19 49 , that I last saw the deceased alive on 1-21 , 19 49 , and that death occurred at 2:42 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. E. Varmack (Degree of title) | | | | 23b. ADDRESS Southwest City Mo | | 23c. DATE SIGNED 2-7-49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 2-7-49 | | 24c. NAME OF CEMETERY OR CREMATORY Polio Union Cemetery | | 24d. LOCATION (City, town, or county) (State) Polio Mo | |
| DATE REC'D BY LOCAL REG. 2-8-49 | | REGISTRAR'S SIGNATURE Virginia Buck | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Mervin Pope | | ADDRESS Wheaton, Mo. | |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6,
District Health Officer
District File Number
Date Filed

RECEIVED
District Health Officer No. 6,
District File Number 349-219
Date Filed 3-3-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Wm Morris Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.